

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

RECEIVED
CITY OF MOUNTAIN VIEW

04 JUL 13 P2:41

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

ABE-YOGA, MARGARET

DAYTIME TELEPHONE NUMBER

(650) 940-1656

FAX NUMBER (optional)

()

E-MAIL (optional)

CITY MARGARET

@MARGARETFORCOUNCIL

ORC

STREET ADDRESS

CITY

STATE

ZIP CODE

CA

94041

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

MOUNTAIN VIEW

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

CITY COUNCIL

MOUNTAIN VIEW

OFFICE JURISDICTION

☐ State (Complete Part 2)

☒ City ☐ County ☐ Multi-County:

MOUNTAIN VIEW

(Name of Jurisdiction)

2004

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/13/04
(month, day, year)

Signature

(Candidate)

FPPC Form 501 (Jan/03)
EPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772